



## 2007 Health Benefit Plan Reporting Form

See [www.AccessTN.gov](http://www.AccessTN.gov) for Frequently Asked Questions. If you have questions regarding the completion of this form, please contact us in writing at the address below or by email at [Access.TN@state.tn.us](mailto:Access.TN@state.tn.us).

**Please review the following reporting entity contact information, providing information as needed.**

**Company Name:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_ **NAIC Number:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Instructions:

After you have completed the calculation on the attached 2007 Covered Lives Worksheet, please transfer the number from Box A on page 5 of the Worksheet to Box A below. This should represent the total number of covered lives subject to assessment as of 12/31/2007, whose health insurance coverage (hereafter Health Coverage) was provided through by your company and for which your company is the payer of the assessment.

**Health Coverage Covered Lives Subject to  
Assessment for this Reporting Company**

Box A

--

### Attestation:

I hereby certify that I am authorized to complete this form on behalf of the above reporting entity and that the above information is, to the best of my knowledge, true and correct, under penalty of law. Further, I understand and agree that: 1) Access TN may audit the assessment information provided on this report; 2) the reported counts may not be changed by the Issuer after the Due Date; 3) Access TN will publish the counts submitted by all insurers.

**Preparer's Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Preparer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this completed form by mail to: **ACCESS TENNESSEE HEALTH INSURANCE POOL**  
**312 ROSA L. PARKS AVENUE, SUITE 2600**  
**NASHVILLE, TN 37243-1102**

Or by Fax: (615) 253-8556

**DUE DATE: JULY 16, 2008**

**Please complete and return this form with the attached 2007 Covered Lives Worksheet  
even if your company has no covered lives to report.**

## 2007 Covered Lives Worksheet AccessTN Assessment

### Calculation of Covered Lives subject to the AccessTN Assessment

#### What counts as Health Coverage?

“Health Coverage” has a specific meaning for purposes of the AccessTN assessment. “Health coverage” is any type of individual or group health benefit plan or other health coverage. It is **not** just health coverage by an Insurer. It also means any hospital and medical expense incurred policy, nonprofit health care service plan contract, health maintenance organization subscriber contract, or any other health care plan or arrangement that pays for or furnishes health care services, whether by insurance or otherwise. Note: AccessTN refers to “health insurance coverage” as “Health Coverage” to reduce confusion with health insurers regulated by the State of Tennessee. Calculations for Box A will be based on this worksheet. Attach additional pages as necessary. For any health coverage types on this worksheet for which your company has no covered lives, enter “0”.

Health Coverage does **NOT** include the following product lines - Accident Only, Auto Policy Medical Payment/PIP or Auto Policy Optional Medical With/Without Fault, Credit Only, Dental/Vision Only, Disability Only, General Liability Only or Medical Supplement to Liability Insurance, or Worker’s Compensation Coverage. Those products are NOT deemed health coverage and are not included in the count of Health Coverage/health benefit plan covered lives in Line 2 below.

### SECTION 1

*Some categories of health coverage are excluded for the purposes of assessment. These lives should be reported on Line 1 below, but should NOT be included in the total number of covered lives reported on Line 2 above for the purposes of the assessment.*

1. Total Number of Covered Lives in Excluded Health Coverage products (sum of lines 1a thru 1g - including insurers or third party administrators providing coverage for individuals in these product lines).		1.
<u>Type of Policy</u>	<u>Number of Covered Lives</u>	<u>Type of Policy</u>
1a. Cancer Only or other Specified Disease only	1a. _____	1e. Medicare, including Part D Plans & Medicare Advantage
1b. Hospital Indemnity Only or other Fixed Indemnity Only	1b. _____	1f. Medicare Supplement Plans
1c. SCHIP State Children’s Health Insurance Program - CoverKids	1c. _____	1g. TRICARE/CHAMP US
1d. Medicaid - TennCare	1d. _____	

## SECTION 2

***Line 2 should include all covered lives for which this reporting company is providing Health Coverage in any capacity - insurer, re-insurer, stop-loss or excess loss carrier, third party administrator, or as a self-insured insurance arrangement.***

For purposes of assessment, "Insurer" includes, but is not limited to, an insurance company, a health maintenance organization, a preferred provider organization, a hospital and medical service corporation, a surplus lines insurer, an insurer providing stop-loss or excess loss insurance to a group health plan, a reinsurer reinsuring health insurance in this state, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

The count on Line 2 shall include fully insured, self-insured, or partially self-insured health benefit plans. Line 2 includes all individual or group health plan covered lives whether provided through an insurer, re-insurer, excess, or stop loss carrier, insurance arrangement, or third party administrator, or a combination of such entities, except those in Health Coverage product lines specifically excluded by Line 1.

Line 2 shall report all Health Coverage for Tennessee residents even if the coverage was issued in another state. Covered lives include employees with employer coverage, individual policyholders, subscribers, members, or association group (non-employee) certificate holders, and any covered dependents, whose health benefits were paid for or furnished by your company as of 12/31/2007.

Health benefit plan types for which covered lives would be counted on Line 2 includes but is not limited to individual or group limited or comprehensive major medical, preferred provider organization (PPO) plans, health maintenance organization (HMO), or Point of Service (POS), or coverage for use with an health savings account (HSA). Be sure to include in your count on Line 2 any individual who has Health Coverage, whether as primary or as dependent.

2. Total number of covered lives in assessable Health Coverage product lines.

2.

Note: This count is your company's assessable covered lives. Boxes 3, 4, and 5 will allow you to tell us if another reporting entity should be primary for an individual whose health coverage is provided through multiple entities. Your company's assessment will be based on the final count in Box A, representing the covered lives for which your company is primary according the Access Tennessee Act.

## SECTION 3

***Line 3 below is for use by Third Party Administrators only - Covered Lives which will be subtracted below from the count on Line 2 for the remainder in Box A because a different listed reporting entity is primary for assessment.***

"Third Party Administrator" (TPA), for purposes of the assessment, means any entity that, on behalf of an insurer or insurance arrangement, provides Health Coverage to individuals in this state, receives or collects charges, contributions or premiums for, or adjudicates, processes or settles claims in connection with, any type of health benefit provided in or as an alternative to health insurance coverage.

If your company is a third party administrator, list on Line 3 the number of those covered lives that have been counted by another reporting entity as insurer, re-insurer, or excess or stop loss insurer. Please provide specific information regarding the number of covered lives and the insurer who is counting those covered lives. If any covered life may be counted by multiple other entities (e.g. re-insurer and excess loss carrier), that covered life shall only be counted once for purposes of Line 3. Include additional pages as needed.

3. Total Number of Third Party Administrator Covered Lives to be subtracted for Box A because counted by another entity that is primary for purposes of assessment (sum of lines 3a thru 3d).	3.
<u>Name of Different Entity Counting the Covered Lives as Insurer</u>	<u>Number of Covered Lives</u>
3a.	3a.
3b.	3b.
3c.	3c.
3d.	3d.

## SECTION 4

***Line 4 below is for use by Insurance Arrangements only - Covered Lives which will be subtracted below from count in Line 2 for Box A because a different reporting entity listed below is primary for purposes of assessment.***

For purposes of assessments, "insurance arrangement" means any plan, program, contract or other arrangement under which one (1) or more employers, unions or other organizations provide to their employees or members, either directly or indirectly through a trust or third party administration, health care services or benefits other than through an insurer, and shall include any plan described in T.C.A. § 56-2-121(a). Insurance arrangements include Farm Bureau coverage, Multiple Employer Welfare Arrangements (MEWAs), and self-insured Health Benefit Plans for single Employers and other self-funded entities.

If your company is an insurance arrangement you may exclude, for the purpose of the assessment, those covered lives that have been counted by an insurer or excess or stop-loss insurer or a third party administrator. Please provide specific information regarding the number of covered lives and the entity who is counting those covered lives. If any covered lives may be counted by multiple other reporting entities (e.g. third party administrator and re-insurer), those covered lives shall be listed below, but shall only be counted once for purposes of Line 4. Attach additional pages as needed.

<p>4. Total Number of Excluded Insurance Arrangement Covered Lives to be subtracted because a different listed reporting entity is primary for purposes of assessment. (sum of lines 4a thru 4d).</p>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<u>Name of Entity other than Reporting Insurance Arrangement Counting the Covered Lives</u>	<u>*Type of Coverage</u>
<u>Number of Covered Lives counted by other Entity</u>	
4a. _____	4a. _____
4b. _____	4b. _____
4c. _____	4c. _____
4d. _____	4d. _____

\* "Type of Coverage" is not a required field; however, please list type of services other entity is providing (e.g. TPA, Re-insurance) if known.

## SECTION 5

*Line 5 below is for use by Reinsurers, Stop Loss or Excess Loss Carriers only - Covered Lives which will be subtracted below from the count in Line 2 for Box A because a different reporting entity listed below is primary for purposes of assessment.*

Reinsurers, excess and stop loss insurers may exclude from its count in Line 2 those covered lives that have been counted by another reporting entity as primary insurer or a primary reinsurer. Please provide specific information regarding the number of covered lives and the entity who is counting those covered lives. Attach additional pages as necessary to list all applicable reporting entities and covered lives.

<p>5. Total Number of Reinsured, Excess, or Stop Loss Covered Lives for this Reporting Entity which are also counted by a different entity as Primary Insurer or Primary Reinsurer (sum of lines 5a thru 5d).</p>	<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 10px;"></div>
<u>Name of Entity Counting the Covered Lives</u>	<u>Number of Covered Lives</u>
5a. _____	5a. _____
5b. _____	5b. _____
5c. _____	5c. _____
5d. _____	5d. _____

## TOTAL

To calculate the covered lives subject to the assessment for your company, please subtract the totals on Lines 3, 4, and 5 from the total listed on Line 2. The results of this calculation should be listed below and transferred to Box A on the 2007 Health Benefits Plan Reporting Form.

***Health Coverage Covered Lives  
Subject to Assessment for this  
Reporting Company***

Box A	
	Line 2:
Subtract	Line 3:
Subtract	Line 4:
Subtract	Line 5:
	<b>Total:</b>